HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

STATE						OSITION HELD: (Dept/Div or Board/Commission)					
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USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and											
ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR											
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[]Check here if entry is None

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ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer. OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE DATE OF DC,JT PERIOD **TRANSFER** Monl]Check here if entry is None []Check here if additional sheets are attached **ITEM 4: CREDITORS** List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods. F.SP. NAME OF CREDITOR **ORIGINAL AMOUNT AMOUNT** DC,JT **OWED OUTSTANDING** MSNS []Check here if additional sheets are attached [Check here if entry is None ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation. F,SP. TITLE HELD **TERM OF OFFICE ANNUAL** NAME AND ADDRESS OF BUSINESS COMPENSATION DC,JT MSN

]Check here if entry is None

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ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed. F.SP. STREET ADDRESS TAX MAP KEY NUMBER (IF TAX VALUE DC,JT MAP KEY NUMBER EXISTS) woul]Check here if entry is None []Check here if additional sheets are attached ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed. F.SP. STREET ADDRESS AND TAX MAP KEY NUMBER (IF AMOUNT & NATURE OF NAME OF PERSON DC.JT TAX MAP KEY NUMBER EXISTS) CONSIDERATION PAID RECEIVING THE CONSIDERATION Mopul []Check here if additional sheets are attached]Check here if entry is None ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed. NAME OF PERSON AMOUNT & NATURE OF F.SP. STREET ADDRESS AND TAX MAP KEY **FURNISHING THE** CONSIDERATION RECEIVED DC,JT NUMBER (IF TAX MAP KEY NUMBER EXISTS) CONSIDERATION Mous

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT

NAME OF STATE AGENCY

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

STATE STATE OF HAWAII STATE ETHICS COMMISSION	F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
		M		STATE OF HAWAII STATE ETHICS COMMISSION	

[]Check here if entry is None

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CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. Lutther understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE